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ABSTRACT

This booklet reviews the developmental tasks and needs of infants and toddlers, describes the support for healthy development currently available in the United States, and documents needs which are not being met. Two major initiatives are proposed and strategies for their implementation are recommended. Proposals argue for the (1) establishment of a basic floor of integrated services for all infants and toddlers and their families and (2) expansion of comprehensive, integrated services for infants and toddlers with special health and developmental problems or disabling conditions and for their families. Key elements of the first initiative include preventive health care, a level of economic viability for families with infants and toddlers to allow for basic health and development, social support services for families of infants and toddlers, and high quality daily care for newborns and for infants and toddlers. Key elements of the second initiative include provision of basic survival needs, health care for vulnerable infants and toddlers, psychosocial support and intervention for highly stressed families, adequate therapeutic and respite care for high-risk or disabled infants and toddlers, and integrated service system approaches to families of infants and toddlers with special needs. (RH)

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Infants Can't Wait

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This publication is a statement of the Board of Directors of the National Center for Clinical Infant Programs. It is prepared under the guidance of the National Center's Committee on Public Policy and Public Education.

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INFANTS CAN'T WAIT

Introduction

A wealth of new knowledge about the earliest years of life tells us some important things about infants.

- Infants learn, respond and interact from the earliest moments of their lives.
- Infants are even more vulnerable than older children to emotional and social deprivation, as well as to physical injury.
- Development in the early years is too important to leave to chance.

A great many of our nation's families are experiencing stress, balancing the demands of work and family, and trying to raise their infants and toddlers without the variety of community supports available to earlier generations. Furthermore, many infants and toddlers in America are subject to multiple risks which seriously threaten their healthy development. The dangers of low birth weight, the risks to babies born to adolescent parents, and the potential damage of persistent poverty have begun to capture public attention. Risks posed by emotional stress, neglect or inadequate child care are equally serious. Yet their consequences, often obvious to those who look, are not documented until children's learning or behavior problems are noticed in preschool or school. The failures of an individual child, multiplied by thousands, become a human tragedy, a budgetary drain and a social waste. The results affect every aspect of our country's economic, political and moral health and energy.

Who is responsible for the well-being of our nation's infants and toddlers? Families are the primary caregivers for children. But public policies affect the choices families make and the resources they can offer their children; they have a significant effect on the quality of life and range of opportunities available to young children and their families. We must be sure that public policy serves to enhance, rather than hinder, healthy and appropriate development.

Infants Can't Wait and its companion data book *Infants Can't Wait: The Numbers* review the developmental tasks and needs of infants and toddlers, describe the support for healthy development currently available in this country, and document needs which are *not* being met. *Infants Can't Wait* proposes two major initiatives and includes strategies for their implementation.

(1) Establishment of a basic floor of integrated services for all infants and toddlers and their families. This would include preventive health care, a level of economic well-being necessary for basic health and development, family social support services, and daily care for all infants and toddlers which recognizes their need for ongoing daily experiences facilitating their emotional and cognitive development.

(2) Expansion of comprehensive, integrated services for infants and toddlers with special health and developmental problems or disabling conditions and for their families.

The important early years: Infants learn, respond and interact from the beginning

Research on infant development undertaken over the past twenty years has verified that babies respond to their world and actively shape their environment much earlier, and in vastly more complex ways, than has been appreciated in the past.

Even before birth, the fetus's constitutional potential interacts with the intra-uterine environment to affect future development and behavior. From the first moments of life, constitutional and environmental forces continue to interact to fuel developmental progress. The human baby's brain grows more after birth than does that of any other animal, and this rapid growth is greatly affected by both biology and experience.

If these two forces are in tune, a child's experiences in the first three years of life will provide a solid foundation for healthy development, loving human relationships, and productive achievement. While the milestones of motor development, such as sitting, crawling and walking, are familiar signals, recent research has pointed out the importance, as well, of emerging cognitive, emotional and social capacities. The infant's growing ability to organize experience and master challenges in the environment is crucial. For example:

- *A newborn* will try to listen and look at his environment, sometimes learning to suck his thumb in his struggle to pay attention to the world instead of his empty stomach.
- *A four-month old* is "falling in love" with the human world and begins to offer radiant smiles to parents and a few special caregivers.
- *An eight-month old* can communicate with purposeful signals when she wants to be picked up, cuddled or protest her lunch menu. If the caregiver responds appropriately, the baby learns that her actions have a predictable effect.
- *A toddler's* behavior becomes increasingly organized and assertive as a complex sense of self emerges. Unlike the newborn, who can only cry when hungry, a 16-month old uses his cognitive, social and emotional skills to "figure out" how to get his needs met as he takes his mother's hand, pulls her to the refrigerator, motions to her to open the door and points to his favorite food.
- *A two-year old* is not only learning to use language, run, and scribble but also is learning to create ideas and to reason, as well as to concentrate on and persist at a task in the face of difficulties. Children as young as 18 months of age are learning to recognize and label feelings and may even exhibit understanding of the emotional intentions of others.
- *A three-year old* is already learning to think logically, know what is real and what is "pretend," how to control impulses, maintain positive self esteem, concentrate and learn. The ability of most three-year olds to employ logic in disagreements with a parent and develop friendships reveals dramatically their expanding cognitive and emotional worlds.

These examples suggest the remarkable intellectual, emotional and social capacities that emerge in children in the first three years of life. Using these capacities, very young children begin a lifelong momentum toward trusting relationships with others, active exploration of the environment and satisfying achievement.

Essentials for early development: What is required?

To assure healthy development and avoid later failure, what does a child need in the first years of life?

Every baby is a unique blend of strengths and vulnerabilities. Some infants seem able to make use of every bit of love they encounter. Other babies have temperaments, sensitivities or disabilities that challenge the skills even of highly trained professionals and of the most experienced, devoted parents.

But all infants require a minimal opportunity for growth-producing experiences. Experts *do* agree on what most infants need for healthy development, beginning before birth and in the first three years of life.

For sound physical development infants need:

- Adequate maternal nutrition, beginning at conception if not earlier, and continuing through the period of lactation.
- Prenatal care, beginning as soon as pregnancy is suspected. This includes attention to maternal diet, illness, smoking and alcohol or drug use, psychological health, and other risk factors that might lead to low birth weight, pre-term birth, or might otherwise compromise infants' chances for healthy development.
- Assurance of basic food, clothing, shelter and medical care after birth.
- Protection from environmental hazards.

For healthy psychosocial and cognitive development, infants need:

- Care in a family setting capable of responding appropriately to the infant's unique abilities and needs, where the child can develop a lasting, warm relationship with one or two primary caregivers.
- Opportunities to learn emotional, social and cognitive skills in an environment that provides the essential experiences appropriate to each progressive stage of development.
- Facilities for care outside the family as needed, in a safe setting that provides opportunities for healthy physical, intellectual, emotional and social growth.

Infants are vulnerable, especially when the essentials are missing

What happens if a child does not have adequate opportunities for healthy development in the first years of life?

The quality of interaction between parent and infant, the biological strengths of the individual, and the cumulative challenges a young child faces are strong predictors of a child's later intellectual and emotional functioning, across social and economic lines. Of course children have different strengths and vulnerabilities. Some are more severely affected than others by illness, early disabilities or a lack of emotional nurturance.

If children do not begin learning to trust others, to concentrate, to reason or to control impulses in the early years, they frequently develop tendencies toward irrational thinking and antisocial or destructive behavior. Resulting difficulties in family, school and work settings can lock them into recurring and tragic cycles of personal failure.

The failures of an individual child, multiplied by thousands, affect every aspect of our country's economic, political and moral health and energy.

How well are we meeting these needs?

How well are the needs of infants and toddlers currently being met in our country? Poorly, in comparison to most industrialized nations. Although the first years of life are ones of particular vulnerability as well as

promise, many infants, toddlers and their families in the United States have no sure access to even the basics of healthy development.

The tasks of providing for their infants' needs falls chiefly to parents, but in contemporary America the support once afforded by stable neighborhoods or closely knit extended families may not be available. Instead, stressed parents must often negotiate a complex system of fragmented services to find help, and too often services they need are not within reach. While there are, to be sure, examples of excellent general and highly specialized services that address the needs of infants, they are too few in number and are not well coordinated. The inadequate patchwork of services that exists to promote healthy development in the critical first months and years of life is in sharp contrast to our broad-based system of public education for older children, which is seen as an opportunity guaranteed to every American child.

What we are doing: A beginning

Our country has taken some significant steps to assure the well-being of infants and toddlers. A combination of federal, state and local, and of public and private services and initiatives exists and can be built upon.

Prenatal care, well-baby care, immunizations, and access to emergency treatment are important foundations for a health care system. Aid to Families with Dependent Children (AFDC), Medicaid, food stamps, the Special Supplemental Food Program for Women, Infants, and Children (WIC), the Child Care Food Program and Head Start together make an important contribution toward improving the lives of poor children. The Maternal and Child Health and Crippled Childrens Services programs have existed since 1935; in the 1960's new programs began for mentally retarded children; more recently, under the Education of the Handicapped Act, initiatives to serve disabled infants have been developed, demonstrated, and are being implemented in a rapidly increasing number of states. Programs targeted to victims of child abuse and children needing foster care, adoption and other child welfare services exist throughout the country with a mixture of sources of support.

What we are not doing

What we are *not* doing, however, is even more significant.

- We still do not provide appropriate accessible prenatal care for all pregnant women.
- We are failing to address the ongoing needs of low birth weight and multiply-disabled infants whose lives have been saved by expensive medical technology.
- We lose track of large numbers of these children between the time they leave the hospital as newborns and the time they enter preschool or school.
- We provide minimal financial support to needy families with infants and toddlers whose earning power cannot keep pace with rising child care expenses.
- Our health care system often penalizes, rather than encouraging preventive approaches.
- We are not addressing problems of illness, failure-to-thrive, child abuse or family disintegration before they cause harm. We are particularly failing to use comprehensive early preventive intervention approaches toward multiple-risk families with infants and toddlers.

More specifically:

- Day care for infants and toddlers is inadequately funded, regulated and monitored to assure that the care not only is safe but of good quality.
- Head Start serves only 20 percent of eligible three-to-five year olds. It has not extended the parent-child services it offers presently to a small number of infants and families.
- The Special Supplemental Food Program for Women, Infants and Children (WIC) reaches only 27 percent of eligible pregnant women and 20 percent of children under age five.
- The Child Care Food Program reaches only about 25 percent of eligible children.
- The Early Periodic Screening Detection and Treatment (EPSDT) program of Medicaid reaches only 10 percent of eligible children on an ongoing basis.
- Only about two-thirds of children below four years of age are immunized against several of the major childhood diseases.
- Only half of the school age children diagnosed as having learning disabilities were identified in the years from birth to school entrance.
- Lead poisoning prevention programs reach only a fraction of those who need them.

Ways to help infants who are waiting

The effectiveness of many programs currently serving young children and their families has been demonstrated, and research on infancy suggests a number of new ways to foster the capacities of infants for healthy growth and development. Well-designed, comprehensive programs for disadvantaged or disabled pre-schoolers can have a major, long-lasting, positive effect on such basic achievements or accomplishments as the ability to graduate from high school, to postpone pregnancy, and to find and keep employment. The most promising approaches are designed to strengthen families as the essential caretakers of their children's well-being and the context in which growth occurs.

To have the greatest positive impact on the lives of our youngest children, the National Center for Clinical Infant Programs suggests a twin focus for current initiatives.

(1) Establishment of a basic floor of integrated services for all infants and toddlers and their families. This would include preventive health care, a level of economic well-being necessary for basic health and development, family social support services, and adequate care for newborns and for all infants and toddlers.

(2) Expansion of comprehensive, integrated services for infants and toddlers with special health and developmental problems or disabling conditions and for their families.

Each proposed initiative includes a suggestion as to whether it is primarily a responsibility of the private sector, and if not, whether it is most appropriately a federal, state or local government initiative. In many cases, important initiatives conceived and carried out in local communities are supported by state and/or federal funds. In other cases, federal or state seed money acts as a catalyst to publicly or privately funded local action. Certainly federal and state agencies are essential as funders of model programs, transmitters of best practices, and catalysts of networking among those who organize and provide services at a state or local level. Whatever their sponsorship, activities should be a coordinated part of a comprehensive plan for delivering needed services to infants, toddlers and their families.

1) Establishment of a basic floor of integrated services for all infants and toddlers and their families

This initiative has four key elements:

Preventive health care

We recommend: **the institution of primary preventive health care for *all* pregnant women, infants and toddlers**

How:
- an increase in free and/or sliding scale prenatal and pediatric clinics (state and privately financed)
- enhanced Medicaid coverage (federal/state)
- expanded insurance coverage for preventive care (private)
- an increase in the number of immunizations (private/federal)

We recommend: **more comprehensive programs that identify developmental problems (physical, mental, psychosocial) in the earliest years, and that emphasize prevention and easy access to intervention services**

How:
- more systematic programs of identification, referral and follow-up of infants at risk (state/local)
- the strengthening of Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) coverage, including developmental assessment with full follow-up and treatment of conditions identified (federal/state)
- greater attention of physicians and other health care providers to mental health and developmental problems and to early intervention networks (public and private)

We recommend: **access to nutrition programs for eligible pregnant mothers, infants and toddlers**

How:
- increased and additional funds for the Department of Agriculture's Special Supplemental Food Program for Women, Infants and Children (WIC) to reach all eligible people (federal/state)
- increased distribution of food stamps to all eligible families with small children (federal)
- increased public education as to the importance of good nutrition and abstention from the use of alcohol, cigarettes and drugs, particularly during pregnancy (public and private)

A level of economic viability for families with infants and toddlers to allow for basic health and development

The erosion of the dependent deduction in the income tax and the decline of public assistance payments in absolute dollars must be reversed. Therefore:

We recommend: **a system of taxation that supports families with children**

How:
- increased exemptions for dependents (federal)

We recommend: **an adequate level of support for families on public assistance**

How:
- increased Aid to Families of Dependent Children (AFDC) and state welfare payments to at least their 1970 purchasing power (federal/state)

• humane and effective child support enforcement laws that require paternal participation, where appropriate, in the financial provision for their offspring (federal)

• increased opportunities for training mothers and fathers for meaningful work (state/local)

• an increase in the earned income tax credit (federal)

Social support services for families of infants and toddlers

All parents of infants and toddlers need encouragement, recognition and practical help from time to time. These are particularly important for parents who are inexperienced in developmentally appropriate child care and for parents of infants and toddlers who lack the support of extended families, a network of friends, and religious or community groups at a time of change and of emotional and physical stress. Therefore:

We recommend: **adequate numbers of family support programs to supplement, where possible, exisiting networks**

How: • increase in parent education programs, parent-to-parent programs, drop-in centers, information services and warmlines or hotlines (private/local government; federal and state financial support of and publicity for model programs)

• increased public education of parents through television, radio, magazines and newspapers, as to the essentials of a quality infant and toddler care program (private/state/federal)

High quality daily care for newborns and for infants and toddlers

The growing demand for high quality, accessible and affordable childcare, as well as the need of families to be with their new babies, must be addressed. Therefore:

We recommend: **the institution of paid and unpaid parental leave for working mothers and fathers at time of birth or adoption**

How: • the development of state disability insurance plans to include maternity leave in 44 remaining states, for employees not covered by company disability plans (state/private)

• the requirement on employers that either parent may take unpaid leave with job protection and benefits maintained, to add to maternity and/or pregnancy-related disability where not covered by company plans (federal/private)

We recommend: **an adequate supply of high quality, affordable child care—both family day care and center-based care—for infants and toddlers**

How: • continued child care tax credits, with refund-ability for low income tax brackets (federal)

• increased public education of parents through television, radio, magazines and newspapers, as to the essentials of a quality infant and toddlers care program (private/state/federal)

• continued support for Information and Referral Centers including greater emphasis on their unique ability to improve the quality of child care, educate consumers, and provide training and technical assistance (federal/state/local)

• corporate and charitable support for more day care programs (private)

• a set aside and an increase in Title XX funds for infant day care

services and training and an increase in reimbursement payments for providers who care for infants (federal)

- expansion of the U.S. Department of Agriculture's Child Care Food Program to cover more children, particularly those in family day care, and tied to training of family day care providers (federal)
- More instructional materials and training programs for day care (particularly family day care) providers, using public television and video cassettes (private/state)
- stronger federal leadership in providing technical assistance and in promoting networking and model dissemination efforts (federal)
- increased efforts among providing institutions toward self assessment and accreditation (private) as well as competency-based training of their caregivers (federal/state Child Development Associate [CDA] programs)
- more vigilant, informed and effective state and local supervision and/or regulation of infant day care, including family day care programs (state/community)

2) Expansion of comprehensive, integrated services for infants and toddlers with special health and developmental problems or disabling conditions and for their families

Many infants and toddlers face biological, medical or environmental risks to their healthy development, and in all too many cases families and children are coping with multiple stresses. Adolescent parents and their infants and toddlers are particularly vulnerable. Services for stressed families must be accessible, individualized, and integrated.

This initiative has five key elements:

Provision of basic survival needs

Severely stressed families must be able to meet members' basic needs in order to give priority to the developmental needs of their infants and toddlers. Therefore:

We recommend: **an adequate level of support for families on public assistance**

How:
- increased Aid to Families of Dependent Children (AFDC) and state welfare payments to a level that provides basic support (federal/state) (See p.8.)

We recommend: **the provision of general social services, as appropriate, to indigent families**

How:
- ongoing advocacy, outreach, case management and crisis intervention (community/state/private)

Health care for vulnerable infants and toddlers

Appropriate care, integrated with other services, should be provided in the least restrictive setting possible. Therefore:

We recommend: **adequate financing of programs for high risk, disabled and chronically ill infants and toddlers**

How:
- legislative mandates, and/or regulations and appropriations accom-

panied by insurance eligibility criteria that pay for services to infants and toddlers identified as actually or potentially in need of services (state/federal/private)

Psychosocial support and intervention for highly stressed families

Improved relations among family members are critical to child development and must be a concern of service providers. Therefore:

We recommend: **improved and expanded services for stressed families to emphasize informal, indigenous support systems, to build on family strengths, and to promote continuity of care among service providers**

How:
- increased ties between social agencies and extended families, local churches and social clubs (community/private)
- support and dissemination of information about particularly successful models (federal/state)

Adequate therapeutic and respite care for high-risk or disabled infants and toddlers

Child care and respite care are needed for disabled infants and toddlers so that families can meet their other work and family responsibilities. Infants and toddlers of adolescent parents need child care that will allow parents to continue their education and will also provide support for good parenting. Infants and toddlers whose home environments do not adequately meet their developmental needs require partial or full therapeutic day care. Therefore:

We recommend: **provision of child care to support adolescent parents continuing their education**

How:
- increased supply of school and community based programs (state/community/private)

We recommend: **therapeutic child care services, with outreach social services where appropriate, for families with identified psychosocial problems, including actual or potential child abuse**

How:
- more local clinical programs for stressed families, including day care services (private/community, supplemented by state or federal funds)

We recommend: **adequate child care and respite care in mainstreamed or specialized settings for disabled infants and toddlers**

How:
- increased availability of child care programs responsive to infants and toddlers with these special needs (private/community, supplemented by state or federal funds)

Integrated service system approaches to families of infants and toddlers with special needs

Infants and families need easy access to services that provide continuity and easy transition to related services. Administrators need data adequate for policy planning. Therefore:

We recommend: **integration at the systems level and at the level of care received by individual families of health, education, social services, and mental health services**

How:
- the establishment of interagency task forces for the coordination of prevention, tracking and early intervention services (state/community, utilizing support from federal agencies)
- an increase of multi-disciplinary early intervention teams providing services (community/private, using state and some federal funds)

Related Needs

In a number of areas, the provision of adequate services to infants and toddlers both with and without special needs will require a larger cadre of trained providers. In other areas research is needed on ways to improve early intervention services or to understand more clearly the needs of the client population. These can be summed up as follows:

1. Training needs

a. training of infant day care providers, particularly those in family day care, to follow developmentally appropriate practices, and child development training for those who monitor infant day care programs

b. training for early intervention personnel in both normal and atypical child development in the first three years of life; training in work with families

c. training for practitioners who work with infants, toddlers and their families in a variety of settings to identify mental health problems and seek appropriate consultation and referral

2. Research needs

Further research is needed on all aspects of the development of infants into healthy, well-adjusted children. Some particularly pressing needs for research are in the areas of:

a. the effects of particular environmental toxins *in utero*

b. the economic effects of parental leave, including cost-benefit analyses

c. the effects of various levels of quality of day care on infants

d. data on needs, costs, and financing of comprehensive early intervention services

e. new intervention approaches and evaluation of which kinds of intervention are most successful with what kinds of infants and families, and why

f. the epidemiology of risk conditions and disorders

Summary

The National Center for Clinical Infant Programs recommends changes in two major areas:

First, we call for a ***basic floor of integrated services for all infants and toddlers and their families,*** including a basic level of preventive health care, a level of economic well-being necessary for basic health and development, family social support services and adequate daily care. Second, we all for ***an expansion of comprehensive, integrated services for infants and toddlers with special health and developmental problems or disabling conditions, and for their families,*** with attendant changes in organization and financing that will make them a reality for *all* who need them.

Assuring adequate opportunities for healthy development in the first three years of life to every American infant is not an easy challenge. The efforts of families themselves must be supported by communities, employers, voluntary organizations and religious institutions as well as by government at every level. Researchers and specialists in infancy must expand their understanding and share their knowledge with policymakers, parents and service providers.

The Board and staff of the National Center for Clinical Infant Programs are available to provide more detailed information about the needs and circumstances of infants, toddlers and their families and to collaborate in the important work that lies ahead. Our nation's infants cannot wait.

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